ATTACHMENT Claim examples

The following table provides examples to assist pharmacies that submit real-time through the Point-of-Sale system. In all these examples, the usual and customary charge is \$125.

Other Coverage Plan Type		Other Insurance Determination	"Other Coverage" Field	Amount to be entered in "Other Payor Amount" Field	Amount to be entered in "Patient Paid Amount" Field*
Example 1	Deductible plan	Other insurance applied \$100 to deductible, paid \$25.	2	\$25	\$100
Example 2	Coinsurance plan (80/20)	Other insurance plan rate is \$100, plan pays \$80, coinsurance is \$20.	2	\$80	\$20
Example 3	Copay plan	Other insurance plan rate is \$75, plan pays \$70, copay is \$5.	2	\$70	\$5
Example 4	Discount card	A discount of \$25 is provided. This is an automatic discount. A claim is not filed with a discount card.	1	\$0	\$100
Example 5	100% copay plan	No payment made, plan discounts the price of the drug to \$95.	4	\$0	\$95
Example 6	Miscellaneous plan	Other insurance pays \$95, coinsurance/copay is \$30.	2	\$95	\$30
Example 7	Insurance plan and a discount card	Other insurance denies the claim. A discount card is also presented giving a \$10 discount.	0	\$0	\$115
Example 8	Miscellaneous plan	Other insurance denies the claim, no payment made.	0	\$0	\$0

Note: If the provider fails to indicate or provide the "Patient Paid Amount" field with the participant's out-of-pocket expense after the other coverage determination is made, Coordination of Benefits will be based solely on the amount present in the "Other Payor Amount" field. The participant's out-of-pocket expense is determined from the primary insurance copayment or deductible and is indicated in the "Patient Paid Amount" field.

For a listing of "Other Coverage" field codes and their descriptions, refer to the Coordination of Benefits section of the Pharmacy Handbook.

*For real-time claims submission, the "Patient Paid Amount" field may be labeled differently depending on the provider's system (e.g., copay, spenddown, or patient price).